

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012398

STATE FILE NUMBER

FILED APR 27 1958

Registration District No. 042

Primary Registration District No. 1000

Registrar's No. 406

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Joseph</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Joseph</u> 0117 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. Methodist Hosp.</u>				Length of stay in lb <u>3 years</u>		d. STREET ADDRESS (If outside, give location) <u>608 Independence</u>	
3. NAME OF DECEASED (Type or print) First <u>Vernon</u> Middle <u>Lee</u> Last <u>Marqui</u>				4. DATE OF DEATH Month <u>April</u> Day <u>19</u> Year <u>1959</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>May 22, 1953</u>	
9. AGE (In years last birthday) <u>5</u>		FUNDER 1 YEAR Months <u>5</u> Days <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Galveston, Texas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>							
13a. FATHER'S NAME <u>Vernon Marqui</u>				13b. MOTHER'S MAIDEN NAME <u>Hellen Berneice Marqui</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Vernon Marqui</u> Address <u>608 Independence</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Virus Encephalitis</u> DUE TO (b) <u>U R T</u> DUE TO (c) <u>U R T</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u>							
INTERVAL BETWEEN ONSET AND DEATH <u>48h</u> <u>7 days</u>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>343X</u>			
20c. TIME OF INJURY Hour <u>2:15 p</u> Month <u>4</u> Day <u>17</u> Year <u>1959</u>							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>St. Joseph, Mo.</u>			
20f. CITY, TOWN, OR LOCATION <u>St. Joseph, Mo.</u>				COUNTY <u>Buchanan</u> STATE <u>Missouri</u>			
21. I attended the deceased from <u>4/17/59</u> to <u>4/19/59</u> and last saw him alive on <u>4/19/59</u> Death occurred at <u>2:15 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Scott Benson</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>324 N. 6th</u>		22c. DATE SIGNED <u>4/21/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>April 21, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
24. FUNERAL DIRECTOR <u>Clark Funeral Home</u> ADDRESS <u>120 Illinois Ave.</u>				25. DATE RECD. BY LOCAL REG. <u>April 24, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Wm. Clark Goodell</u>	

Dr. Scott C. Benson
All diseases in Part I must be causally related.
Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Paul F. Clark

Licensed Embalmer No. 5024

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.